

Circuit Court for _____ Case No. _____
City or County

Name _____		Name _____
VS.		
Street Address _____ Apt. # _____		Street Address _____ Apt. # _____
()		
City _____ State _____ Zip Code _____ Area Code _____ Telephone _____		City _____ State _____ Zip Code _____ Area Code _____ Telephone _____
Plaintiff		Defendant

FINANCIAL STATEMENT
(Short)
(DOM REL 30)

I, _____, state that:

I am the My name mother/ father or _____
Check One State Relationship (for example, aunt, grandfather, guardian, etc.)
of the minor child(ren):

_____ Name	_____ Date of Birth	_____ Name	_____ Date of Birth
_____ Name	_____ Date of Birth	_____ Name	_____ Date of Birth
_____ Name	_____ Date of Birth	_____ Name	_____ Date of Birth

The following is a list of my income and expenses (see below*):

See definitions on back before filling out.

Total monthly income (before taxes) \$ _____

Child support I am paying for my other child(ren) each month _____

Alimony I am paying each month to _____
Name of Person(s)

Alimony I am receiving each month from _____
Name of Person(s)

For the child or children listed above:

Monthly health insurance premium _____

Work-related monthly child care expenses _____

Extraordinary monthly medical expenses _____

School and transportation expenses _____

*To figure the monthly amount of expenses, weekly expenses should be multiplied by 4.3 and yearly expenses should be divided by 12.

If you do not pay the same amount each month for any of the categories listed, figure what your average monthly expense is.

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information and belief.

Date

Signature

Total Monthly Income: Include income from all sources including self-employment, rent, royalties, business income, salaries, wages, commissions, bonuses, dividends, pensions, interest, trusts, annuities, social security benefits, workers compensation, unemployment benefits, disability benefits, alimony or maintenance received, tips, income from side jobs, severance pay, capital gains, gifts, prizes, lottery winnings, etc. Do not report benefits from means-tested public assistance programs such as food stamps or AFDC.

Extraordinary Medical Expenses: Uninsured expenses over \$100 for a single illness or condition including orthodontia, dental treatment, asthma treatment, physical therapy, treatment for any chronic health problems, and professional counseling or psychiatric therapy for diagnosed mental disorders.

Child Care Expenses: Actual child care expenses incurred on behalf of a child due to employment or job search of either parent with amount to be determined by actual experience or the level required to provide quality care from a licensed source.

School and Transportation Expenses: Any expenses for attending a special or private elementary or secondary school to meet the particular needs of the child or expenses for transportation of the child between the homes of the parents.

Circuit Court for _____

City or County _____

CIVIL-DOMESTIC CASE INFORMATION REPORT

Directions:

Plaintiff: This Information Report must be completed and attached to the complaint filed with the Clerk of Court unless your case is exempted from the requirement by the Chief Judge of the Court of Appeals pursuant to Rule 2-111. A copy must be included for each defendant to be served.

Defendant: You must file an Information Report as required by Rule 2-323(h).

THIS INFORMATION REPORT CANNOT BE ACCEPTED AS AN ANSWER OR RESPONSE.

FORM FILED BY: ☐ PLAINTIFF ☐ DEFENDANT CASE NUMBER: _____ (Clerk to insert)

CASE NAME: _____ v _____
Plaintiff Defendant

PARTY'S NAME: _____ PHONE: () _____ (Daytime phone)

ADDRESS: _____

PARTY'S ATTORNEY'S NAME: _____ PHONE: () _____

ATTORNEY'S ADDRESS: _____

☐ I am not represented by an attorney

RELATED CASE PENDING? ☐ Yes ☐ No If yes, Court and Case #(s), if known: _____

Special Requirements? ☐ Interpreter/communication impairment Which language _____
(Attach Form 1-332 if Accommodation or Interpreter Needed) Which dialect _____

☐ ADA accommodation: _____

ALTERNATIVE DISPUTE RESOLUTION INFORMATION

Is this case appropriate for referral to an ADR process under Md. Rule 17-101? (Check all that apply)

- A. Mediation ☐ Yes ☐ No C. Settlement Conference ☐ Yes ☐ No
B. Arbitration ☐ Yes ☐ No D. Neutral Evaluation ☐ Yes ☐ No

IS THIS CASE CONTESTED? ☐ Yes ☐ No If yes, which issues appear to be contested?

- ☐ Ground for divorce
☐ Child Custody ☐ Visitation
☐ Child Support
☐ Alimony ☐ Permanent ☐ Rehabilitative
☐ Use and possession of family home and property
☐ Marital property issues involving:
☐ Valuation of business ☐ Pensions ☐ Bank accounts/IRA's ☐ Real Property
☐ Other: _____
☐ Paternity
☐ Adoption/termination of parental rights
☐ Other: _____

Request is made for: ☐ Initial order ☐ Modification ☐ Contempt ☐ Absolute Divorce ☐ Limited Divorce

For non-custody/visitation issues, do you intend to request:

- ☐ Court-appointed expert (name field) _____ ☐ Mediation by a Court-sponsored settlement program
☐ Initial conference with the Court ☐ Other: _____

For custody/visitation issues, do you intend to request:

- ☐ Mediation by a private mediator ☐ Appointment of counsel to represent child (not just to waive psychiatric privilege)
☐ Evaluation by mental health professional ☐ A conference with the Court
☐ Other Evaluation _____

Is there an allegation of physical or sexual abuse of party or child? ☐ Yes ☐ No

CASE NAME: _____ V _____ CASE NUMBER: _____
Plaintiff Defendant (Click to insert)

TIME ESTIMATE FOR A MERITS HEARING: _____ hours _____ days

TIME ESTIMATE FOR HEARING OTHER THAN A MERITS HEARING: _____ hours _____ days

Signature of Counsel/Party

Date

Print Name

Street Address

City/State/ZIP

Name				
Street Address			Apt. #	
City	State	Zip Code	Area Code	Telephone

VS.

Name				
Street Address			Apt. #	
City	State	Zip Code	Area Code	Telephone

<i>Name of Child</i>	<i>Date of Birth</i>	<i>Name of Child</i>	<i>Date of Birth</i>
<i>Name of Child</i>	<i>Date of Birth</i>	<i>Name of Child</i>	<i>Date of Birth</i>
Name of Child	Date of Birth	Name of Child	Date of Birth

	Mother	Father	Combined
1. MONTHLY ACTUAL INCOME (Before taxes)	\$	\$	
a. Minus pre-existing child support payment actually paid	-	-	
b. Minus health insurance premium (if child included)	-	-	
c. Minus alimony actually paid	-	-	
d. Plus / minus alimony awarded in this case	+/-	+/-	
2. MONTHLY ADJUSTED ACTUAL INCOME	\$	\$	\$
3. PERCENTAGE SHARE OF INCOME (Divide each parent's income on Line 2 by the combined income on Line 2).	%	%	
4. BASIC CHILD SUPPORT OBLIGATION (Apply Line 2 Combined Income to Child Support Schedule)			\$
a. Work-Related Child Care Expenses (Code, FL § 12-204(h))			+
b. Extraordinary Medical Expenses (Code, FL § 12-204(g))			+
c. Additional Expenses (Code, FL § 12-204(i))			+
5. TOTAL CHILD SUPPORT OBLIGATION (Add lines 4, 4a, 4b, and 4c).			\$
6. EACH PARENT'S CHILD SUPPORT OBLIGATION (Multiply Line 3 times Line 5 for each parent).	\$	\$	
7. RECOMMENDED CHILD SUPPORT ORDER (Bring down amount from Line 6 for the non-custodial parent only. Leave custodial parent column blank).	\$	\$	\$
Deduct from the recommended child support order amount (Line 7) any third party benefits paid to or for a child (e.g. SSADisability, retirement or other third party dependency benefit). Comments, calculations, or rebuttals to schedule or adjustments if non-custodial parent directly pays extraordinary expenses:			

Date:

Circuit Court for _____ **Case No.** _____

City or County

Name _____
 Street Address _____ Apt. # _____
 City _____ State _____ Zip Code _____ Area Code _____ Telephone _____

VS.

Name _____
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 City _____ State _____ Zip Code _____ Area Code _____ Telephone _____

CHILD SUPPORT GUIDELINES WORKSHEET B
(Shared Physical Custody)
(DOM REL 35)

Name of Child	Date of Birth	Name of Child	Date of Birth
Name of Child	Date of Birth	Name of Child	Date of Birth
Name of Child	Date of Birth	Name of Child	Date of Birth

	Mother	Father	Combined
1. MONTHLY ACTUAL INCOME (Before taxes)	\$	\$	
a. Minus pre-existing child support payment actually paid	-	-	
b. Minus health insurance premium (if child included)	-	-	
c. Minus alimony actually paid	-	-	
d. Plus / minus alimony awarded in this case	+/-	+/-	
2. MONTHLY ADJUSTED ACTUAL INCOME	\$	\$	\$
3. PERCENTAGE SHARE OF INCOME (Divide each parent's income on Line 2 by the combined income on Line 2).	%	%	
4. BASIC CHILD SUPPORT OBLIGATION (Apply Line 2 Combined Income to the Child Support Schedule)			\$
5. ADJUSTED BASIC CHILD SUPPORT OBLIGATION (Line 4 times 1.5)			\$
6. OVERNIGHTS with each parent (must total 365)			365
7. PERCENTAGE WITH EACH PARENT (Line 6 divided by 365)	A %	B %	
STOP HERE IF Line 7 is less than 35% for either parent. Shared physical custody does not apply. Use DOM. REL. 34 instead.			

	Mother	Father	Combined
8. EACH PARENT'S THEORETICAL CHILD SUPPORT OBLIGATION (Multiply Line 3 times Line 5 for each parent)	A\$	B\$	
9. BASIC CHILD SUPPORT OBLIGATION FOR TIME WITH OTHER PARENT (Multiply Line 7A times Line 8B and put answer on Line 9B. Multiply Line 7B times Line 8A and put answer on Line 9A).	A\$	B\$	
10. NET BASIC CHILD SUPPORT OBLIGATION (Subtract lesser amount from greater amount in Line 9 and place answer here under column with greater amount in Line 9).			
11. EXPENSES			
a. Work-Related Child Care Expenses (Code, FL § 12-204(g))			+
b. Extraordinary Medical Expenses (Code, FL § 12-204(h))			+
c. Additional Expenses (Code, FL § 12-204(i))			+
12. NET ADJUSTMENT from ADJUSTMENT WORKSHEET, below, if applicable. If not, continue to Line 13.	\$	\$	
13. NET BASIC CHILD SUPPORT OBLIGATION (From Line 10 of this worksheet, above.)	\$	\$	
14. RECOMMENDED CHILD SUPPORT ORDER (If the same parent owes money under Lines 12 and Line 13, add these two figures to obtain amount owed by that parent. If one parent owes money under Line 12 and the other owes money under Line 13, subtract the lesser amount from the greater to obtain the difference. The parent owing the greater of the two amounts on Lines 12 and 13 will owe that difference as the child support obligation. NOTE: The amount owed in a shared custody arrangement may not exceed the amount that would be owed if the obligor parent were a non-custodial parent. See DOM. REL. <u>34</u>).	\$	\$	
Comments, calculations, or rebuttals including in-kind responsibility because of sharing or special adjustments because of direct payments: Deduct from the recommended child support order amount (Line 7) any third party benefits paid to or for a child (e.g. SSA Disability, retirement or other third party dependency benefit).			
PREPARED BY:			Date:

ADJUSTMENT WORKSHEET
(For Calculating Line 12 of Shared Physical Custody Worksheet, above)

INSTRUCTIONS FOR ADJUSTMENT WORKSHEET: *Use this Worksheet ONLY if any of the Expenses listed in Lines 11a, 11b, or 11c, is directly paid out or received by the parents in a different proportion than the percentage share of income entered on Line 3 of the Shared Physical Custody Worksheet, above. Example: If the mother pays all of the daycare, or parents split education/medical costs 50/50 and Line 3 is other than 50/50. If there is more than one 11c expenses, the calculations on Lines e and f below must be made for each expense.*

	Mother	Father
a. Total amount of direct payments made for Line 11a expenses times each parent's percentage of income (Line 3, Shared Physical Custody Worksheet) (Proportionate share)	\$	\$
b. The excess amount of direct payments made by the parent who pays more than the amount calculated in Line a, above. (The difference between amount paid and proportionate share).	\$	\$
c. Total amount of direct payments made for Line 11b expenses times each parent's percentage of income (Line 3, Shared Physical Custody Worksheet).	\$	\$
d. The excess amount of direct payments made by the parent who pays more than the amount calculated on Line c, above.	\$	\$
e. Total amount of direct payments made for Line 11c expenses times each parent's percentage of income (Line 3, Shared Physical Custody Worksheet).	\$	\$
f. The excess amount of direct payments made by the parent who pays more than the amount calculated in Line e, above.	\$	\$
g. For each parent, add lines b, d and f.	\$	\$
h. Subtract lesser amount from greater amount in Line g, above. Place the answer on this line under the lesser amount in Line g. Also enter this answer on Line 12 of the Shared Physical Custody Worksheet, in the same parent's column.	\$	\$